



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5344

<b>SERIAL NUMBER</b> 10/784,147	<b>FILING OR 371(c) DATE</b> 02/19/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 23-65308
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**  
 Richard E. Weller, Selah, WA;  
 Darrell R. Fisher, Richland, WA;  
 Michael A. Lind, Kent, WA;  
 Allison A. Campbell, Kennewick, WA;  
 Anna Gutowska, Richland, WA;  
 Craig F. Habeger, Chillicothe, IL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/994,509 11/26/2001 ABN which is a CIP of 09/853,507 05/09/2001 PAT 6,869,588  
 which is a CON of 09/058,712 04/10/1998 PAT 6,296,831  
 This application 10/784,147  
 is a CIP of 10/124,614 04/16/2002 PAT 7,087,244  
 which is a CIP of 09/833,460 04/11/2001 PAT 6,841,617  
 which claims benefit of 60/236,926 09/28/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 05/14/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 5
---	---	-------------------------------	-----------------------------	---------------------------	--------------------------------

Verified and Acknowledged *Melissa Perra*  
 Examiner's Signature Initials

**ADDRESS**  
32215

**TITLE**  
Therapeutic agent carrier compositions

<b>FILING FEE RECEIVED</b> 671	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---